BC CORONERS SERVICE DEATH REVIEW PANEL

OPPORTUNITIES FOR DIFFERENT OUTCOMES

Police: a crucial component of B.C.'s mental health system

A BC Coroners Service Death Review Panel report examining deaths among persons with recent police encounters

January 1, 2013—December 31, 2017

A Report to the Chief Coroner of British Columbia

Published June 4, 2019

BETWEEN 2013 -2017

There were 127 deaths among persons during or within 24 hours following contact with police

AVERAGE DEATHS: 25/YEAR

84% Male

16% Female

MENTAL HEALTH INCIDENTS

More than 2/3rds or 7 in 10 of these deaths involved a mental health issue.

MENTAL HEALTH SYMPTOMS

In more than 1/2 of these 127 deaths, decedents were exhibiting mental health symptoms during contact.

Of the 127 deaths, 61% experienced challenges related to illicit drug use.

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PREFACE

On September 20, 2018, the British Columbia Coroners Service (BCCS) held a death review panel to review 127 deaths occurring during or shortly after a police-civilian encounter.

The circumstances of these deaths provided panel members with valuable information to consider in the course of determining what factors were present and what could be done to prevent these types of deaths in the future.

Panel support was provided by BCCS staff. Cara Massy provided administrative support, John Knox provided investigative support, and Carla Springinotic and Andrew Tu prepared the analysis of coroners' investigations and necessary background research which formed the basis of the panel discussions, findings and recommendations.

I would like to thank the panel members for sharing their expertise, bringing the support of their respective organizations and participating in a collaborative discussion. I believe the panel has generated actionable recommendations that I am confident will contribute to addressing deaths in British Columbia (B.C.).

Dave Attfield	RCMP Chief Superintendent, Deputy Criminal Operations Officer
Dr. Taj Baidwan	B.C. Coroners Service
Guy Bujold	Civilian Review and Complaints Commission for the RCMP
Garth Davies	Simon Fraser University
Deborah Doss-Cody	First Nations Chiefs of Police Association
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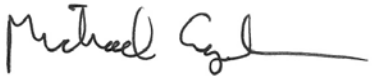
Aaron Sumexheltza	Chief, Lower Nicola Indian Band
Micheal Vonn	B.C. Civil Liberties Association
Dr. Shannon Waters	Medical Health Officer, Island Health Authority
Colin Watson	Deputy Chief, Victoria Police Department

On behalf of the panel, I submit this report and recommendations to the chief coroner of B.C.



Michael Egilson, Panel Chair

EXECUTIVE SUMMARY

The B.C. Coroners Service (BCCS) is a fact-finding, not fault-finding, agency that provides an independent service to the family, community, government agencies and other organizations. The Coroners Service investigates all sudden, unexpected and/or unnatural deaths in B.C. and is responsible for determining the circumstances of these deaths. One of the agency's most important opportunities is the advancement of recommendations aimed at preventing deaths in similar circumstances. One of the ways the Coroners Service makes recommendations is through death review panels which bring together experts across disciplines to review a group of deaths in aggregate to identify opportunities for intervention to prevent death and improve public safety. The purpose of this death review panel was to review deaths which occurred during or within 24 hours of an encounter with the police.

To better understand the circumstances around deaths and identify prevention and public safety opportunities, a death review panel comprised of professionals with expertise in policing, policing oversight, public health, health services, mental health and addictions, and Indigenous health was appointed under the *Coroners Act*. This review presents the findings for a five-year period, January 1, 2013, to December 31, 2017, and it includes 127 deaths by suicide, accidental injuries, illicit drug overdoses and natural causes, as well as deaths attributed to police use of force.

Every year in B.C., the Coroners Services receives reports of approximately 25 deaths that occurred during or within 24 hours of a police encounter. Police officers[1] have more than 400,000 **encounters** with civilians each year for criminal code offences or traffic-related offences (RCMP and Vancouver Police Data, 2018). The vast majority of police interactions are resolved without incident; where police officers de-escalate crisis situations and assess, triage and transport persons for emergency care to health services or to cells. Police in B.C. respond to more than 74,000 calls annually related to mental health issues[2]. Persons with mental health and substance use concerns (MHSU) are increasingly interfacing with police agencies. The high numbers of encounters for MHSU have, by default, made policing part of the mental health system in B.C. Persons in crisis are often unpredictable and police officers need more support when engaging with persons experiencing mental health issues.

While deaths during police interactions are rare occurrences when compared to the overall number of police-citizen encounters, they have a profound impact on the families, friends, communities, the police and agencies involved.

This review of 127 deaths found that:

- Mental health issues, chronic alcohol use or substance use were present in the lives of many decedents. These factors were the primary reason police were called by the public, friends and family members of the persons who died;
- More than half of the decedents were exhibiting mental health symptoms at the time of police contact;

[1] Based on Vancouver Police Department and RCMP data (2013-2017).
[2] Vancouver Police Department and Royal Canadian Mounted Police PRIME, 2018. NOTE: VPD and RCMP represent approximately 85% of policing in B.C.

- Many of these deaths were of persons living in rural or small communities;
- Indigenous persons in B.C. account for 6% of the population; in this review 20% of deaths were among Indigenous people; and,
- Twenty-one (21) deaths were attributed to police use of force.

The panel identified three promising areas to reduce the deaths and improve public safety:

- Improve coordination between health services and police who encounter persons experiencing a mental health crisis;
- Increase access to mental health assessment, and improve referrals to services for persons experiencing other life stressors; and,
- Utilize findings from police encounters with the public to inform ongoing police professional development.

These findings are the basis for the following recommendations put forward to the chief coroner by the panel.

Recommendation #1: Incorporate the role of policing within the provincial mental health and addictions strategy, specifically:

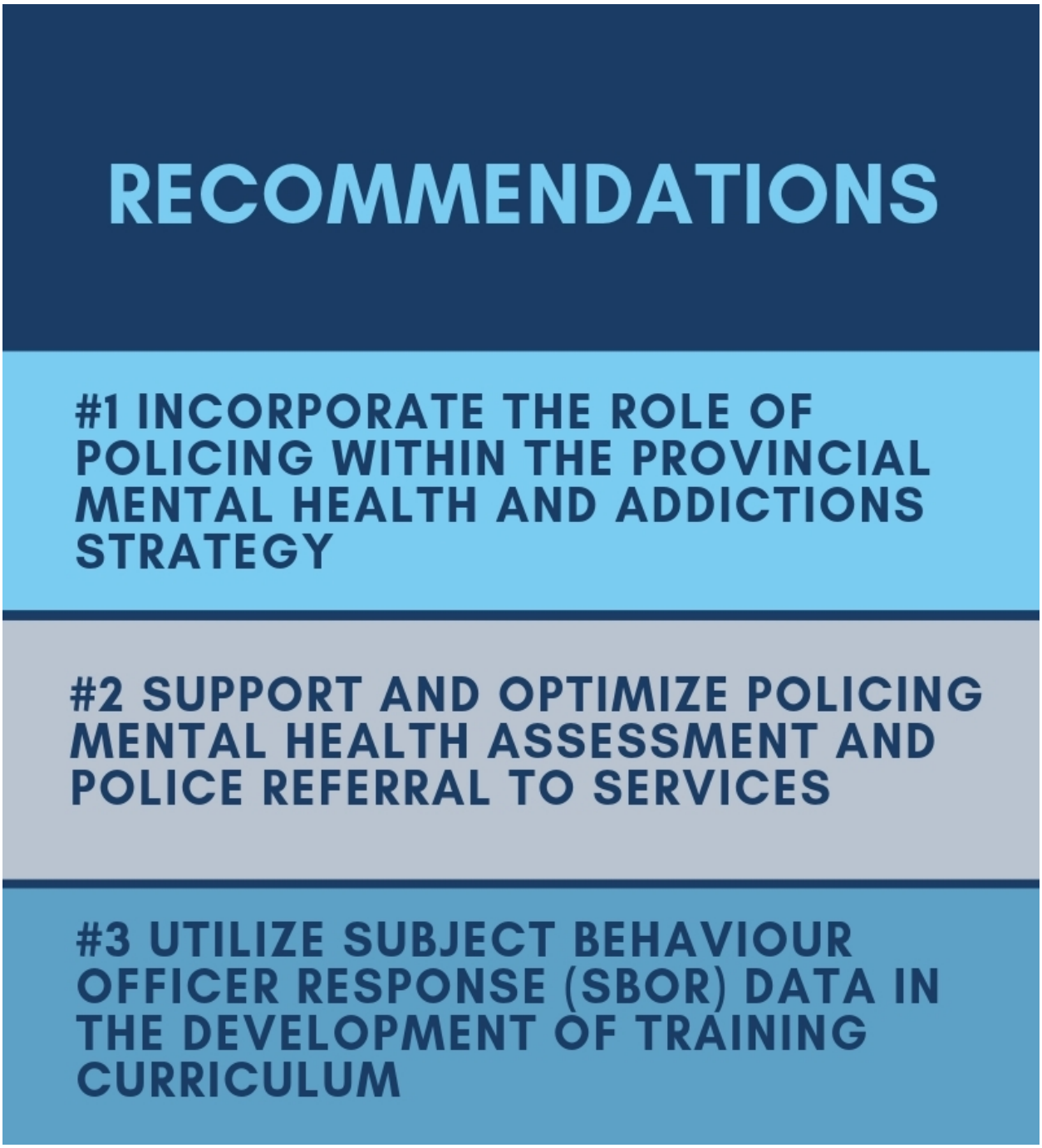
- The Ministry of Mental Health and Addictions, in collaboration with the Ministry of Public Safety and Solicitor General, Ministry of Health and police leadership, will consider actions related to the role of policing within the provincial mental health and addictions strategy.
- The Ministry of Health, in collaboration with Ministry of Mental Health and Addictions, will review and implement the opportunities for systems improvement identified in the report *Interfaces Between Mental Health and Substance Use Services and Police 2018*.

Recommendation #2: Support and optimize policing mental health assessment and police referral to services, specifically:

- The Ministry of Health, in collaboration with stakeholders, will expand access to emergency mental health assessments under the *Mental Health Act* in rural areas.
- Police officers will distribute cards or information about crisis resources at the time of release of persons from custody.

Recommendation #3: Utilize Subject Behaviour Officer Response (SBOR) data in the development of training curriculum, specifically:

- The Ministry of Public Safety and Solicitor General will develop a B.C. Provincial Policing Standard (BCPPS) with regard to use of force reporting and data collection, to establish provincially consistent requirements and a monitoring process.
- The Ministry of Public Safety and Solicitor General will assist police agencies to utilize provincial and local SBOR data to ensure training curriculum development remains current and inclusive of evolving mental health issues.


RECOMMENDATIONS
#1 INCORPORATE THE ROLE OF POLICING WITHIN THE PROVINCIAL MENTAL HEALTH AND ADDICTIONS STRATEGY
#2 SUPPORT AND OPTIMIZE POLICING MENTAL HEALTH ASSESSMENT AND POLICE REFERRAL TO SERVICES
#3 UTILIZE SUBJECT BEHAVIOUR OFFICER RESPONSE (SBOR) DATA IN THE DEVELOPMENT OF TRAINING CURRICULUM

INTRODUCTION

Each year in B.C., police officers have more than 400,000 encounters with civilians for criminal code offences or traffic-related offences. Compared to the overall number of all police-citizen encounters, deaths related to these encounters are very rare occurrences. Each year in B.C., approximately 25 persons die during the police **initial response**[3], while being detained by or in the custody of police or within 24 hours of contact with police. Many of these deaths were suicides (44%) or resulted from accidental causes (26%) (e.g., motor vehicle incidents, illicit drug overdoses, alcohol poisoning, drownings or falls). Some deaths were caused by chronic health conditions (5%) or resulted from injuries caused by other civilians (2%). During the five-year period of this review, 17% of deaths were attributed to police use of force during the arrest process (approximately 4 a year).

This review of 127 deaths which occurred January 1, 2013, to December 31, 2017 found that:

- Mental health issues (69%), chronic alcohol use (49%), or substance use (61%) were present in the lives of many of the decedents and these factors were the primary reason police were called by the public, friends and families of the persons who died;
- More than half of the decedents (53%) were exhibiting mental health symptoms at the time of police contact;
- Many of these deaths (39%) were among persons living in rural or small communities; and,
- Indigenous persons accounted for 20% of the deaths reviewed, about 3.5 times higher than their 6% representation in the population of B.C. as a whole.

Mental health related calls have a significant impact on police resources. B.C. policing data shows that approximately 25% of all police encounters had a mental health component. In 2017 alone, mental health concerns were identified in more than 74,000 civilian encounters with Royal Canadian Mounted Police (RCMP) and Vancouver Police Department (VPD) and accounted for more than 18,000 police apprehensions[4] under the *Mental Health Act (MHA)* (see Table 1).

Table 1: VPD and RCMP *Mental Health Act* Apprehensions (2015-2017)

Year	# of Encounters for Mental Health Issues	Total # of *MHA* Apprehensions	Total % of *MHA* apprehensions
2015	64,828	13,592	21
2016	69,234	16,242	24
2017	74,827	18,357	25

Source: Vancouver Police Department and Royal Canadian Mounted Police PRIME, 2018.

[3] Bolded terms are defined in the glossary.
[4] Totals include MHA Section 28, as well as Form 21 Directors Warrants and Form 4 Involuntary Admissions.

Police officers by virtue of their role[5] have assumed greater responsibility as first responders to mental health crisis situations. This has resulted in police often being the initial crisis contact point to the mental health care continuum; assessing risk, intervening; triaging, transporting or referring persons to medical care or services. In many communities, the mental health supports and services may not be easily accessible. The high volume of police-civilian encounters for MHSU has resulted in police being a frontline responder for the provincial mental health system.

In B.C., the RCMP and municipal police departments provide policing service to 72% and 28% of the population respectively (Statistics Canada, 2016). Police training, the *Criminal Code of Canada*, police policy, standards, and procedures[6] identify how police must conduct themselves when they interact with civilians.

In B.C. and in Canada, the National Use of Force Framework is the process an officer uses to assess, plan, and respond to situations that threaten public and officer safety.

During contact with civilians, police officers are under a legal duty to take care of persons in their custody or supervision.

> Changes in social conditions, such as de-institutionalization of the mentally ill, limited availability of community-based mental health services, and use of illicit substances, have resulted in increased calls for police involvement for persons experiencing mental health crisis or displaying erratic, antisocial, or violent behaviours (Ogloff et al., 2012; Parent, 2011; Vancouver Police Department, 2013).

This report summarizes the circumstances and factors in the deaths among persons who had contact with police services based on the following criteria:

- deaths of persons which occurred during the initial police response;
- deaths of persons in police custody or under police supervision; and,
- deaths of persons within 24 hours of police contact for a law enforcement action.

[5] Preventing, investigating crime, maintaining peace and order, enforcing laws and conducting welfare checks when there are concerns about a person's safety or wellbeing.
[6] VPD Regulation and Procedures Manual (accessed January 2, 2018)

PART 1: BC CORONERS SERVICE INVESTIGATIVE FINDINGS

For the five-year period of January 1, 2013, to December 31, 2017, there were 127 deaths among persons who had contact with police within 24 hours of their death. This is an average of 25 deaths each year in B.C.

The Decedents

Sex and Age

This review found that more males died than females: 84% of deaths were among males (n=107), and 16% of deaths were among females (n=20). More than three-fourths (81%) of the deaths occurred among persons age 20-59 years.

> The literature finds that police interactions are higher among males than females. Males have higher re-arrest rates and more non-criminal interactions with police (Vaughn, 2017).

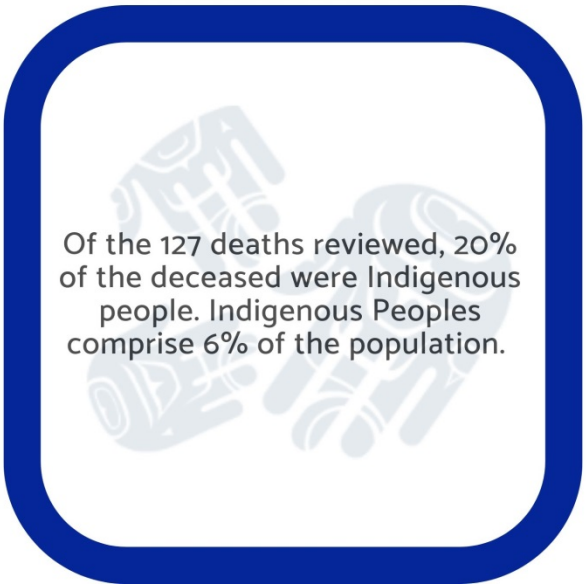
DEATHS AMONG PERSONS WITH RECENT POLICE ENCOUNTERS BY YEAR

AVERAGE DEATHS/YEAR: 25.4

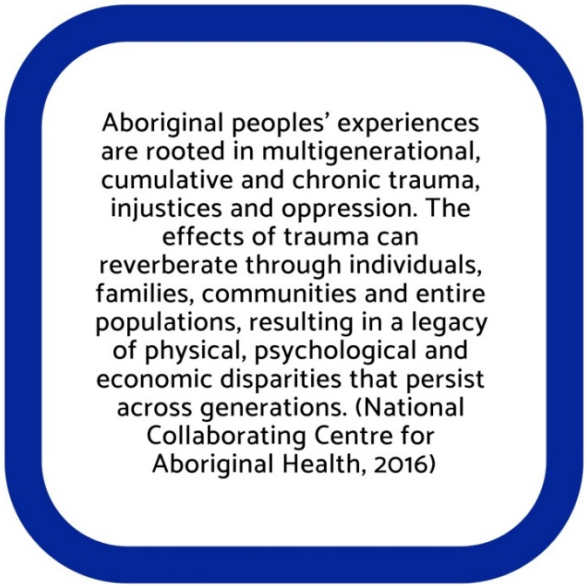
2013	21
2014	21
2015	29
2016	32
2017	24
TOTAL:	127

Indigenous Persons

Of the 127 persons who died, 26 were **Indigenous** persons (20%). Indigenous people in B.C. comprise 6% of the population (Statistics Canada, Census 2016). The circumstances among these Indigenous deaths were similar to that of their non-Indigenous peers.



This finding is consistent with a national study done on the topic. In Canada, Indigenous people come into conflict with the law disproportionately to their representation in the general population (Government of Canada, 2013). Literature finds a correlation between socio-economic disadvantage and involvement with the criminal justice system. Poverty, inadequate educational opportunities, unemployment, poor living conditions, alcohol abuse and domestic violence, as well as current and historical trauma all contribute to Indigenous people coming into conflict with the law (Government of Canada, 2013).



To acknowledge and to help address historical and existing challenges faced by Indigenous peoples, the British Columbia government has committed to renewing its relationship with Indigenous peoples, and has developed draft principles to guide this relationship. These principles are informed by the United Nations Declaration of the Rights of Indigenous Peoples and the Truth and Reconciliation Commission Calls to Action. "B.C.'s principles are about renewing the Crown-Indigenous relationship. They are an important starting point to move away from the status quo and to empower the Province to fundamentally change its relationship with Indigenous peoples, a process that will take time and call for innovative thinking and action." "This includes engaging with Indigenous communities when creating new policies and programs, reviewing services to make sure they are delivered in culturally intelligent ways, and renewing fiscal relationships in ways that help further Indigenous communities' right to self-determination (BC Government 2018)."

To best support Indigenous communities, trauma-informed practice is essential when interacting with individuals and communities experiencing ongoing and historical trauma. Trauma-informed practice recognizes and acknowledges the impact of trauma and the need for awareness and sensitivity to its dynamics in all aspects of service delivery.

Mental Health, Health and Social Factors

Mental Health

This review found that 69% (n=87) of decedents had an identified mental health concern or condition:

- 27 decedents had conditions such as schizophrenia, bipolar disorder, personality disorder, psychosis, or dementia;
- 42 decedents had a history of depression, stress, or anxiety; and,
- More than half (53%) of decedents (n=67) were exhibiting mental health symptoms at the time of police contact.

Mental health concerns were noted across all **BCCS classifications of death**. This is especially correlated with suicides and accidental overdose deaths where illicit drugs contributed to the death.

Almost two thirds (63%) of persons who died by suicide were exhibiting mental health symptoms at time of police contact.

Studies find that persons experiencing mental health issues, substance misuse, and intoxication have greater likelihood of contact with police services (Parent, 2011).

The following vignette provides an actual but anonymized example of a death reviewed that is representative of many of the circumstances found in this review and which form the basis of this report's recommendations. To protect their identity, the names of the decedents have been changed.

A police department received an emergency call about a man standing near an intersection, shouting and waving a long wooden board. The caller said he was concerned for the safety of pedestrians and motorists, but said the man had not actually approached or threatened anyone. Another pedestrian tried to engage the man in conversation and offer assistance, but the man did not respond. When uniformed officers arrived at the scene, the officers made eye contact with the man and told him to put down the board. The man made a "come here" gesture to the police officers. An officer gave several verbal commands to drop the board but the man did not comply. The man's demeanour changed quite suddenly. The officers stated that the man grasped the board with two hands and used it to gesture towards them as they drew closer. As the man moved towards an officer, the officer fired a beanbag shotgun to stop the man's approach. The man raised the board and continued to move towards the officer. The officer moved backwards to maintain some distance from the man while continuing to fire the beanbag shotgun; the beanbag rounds were ineffective. The officer's partner said he had no choice but to shoot the man with his sidearm in order to protect the officer from being struck with the board. Three rounds were fired from his sidearm. The man was handcuffed, and assessed by an advanced life support paramedic who found the man fully conscious, verbally responsive and short of breath. The man was taken to hospital but did not survive. His cause of death was multiple gunshot wounds.

Substance Use or Intoxication

This review found that of the 127 persons who died:

- Almost two-thirds (61%) experienced challenges related to illicit substance use;
- Almost half (49%) had a history of chronic alcohol use; and;
- More than half (57%) had evidence of intoxication on post mortem toxicology reports with either an illicit substance and/or alcohol.

Chronic Health Issues

In this review, almost half (46%) of decedents had chronic health conditions (e.g. chronic pain, cardiovascular disease, respiratory conditions, infectious disease, cirrhosis or liver related diseases etc.).

Previous Police Involvement

Among the 127 persons who died:

- 63 (50%) were **known to police**; and,
- 28 (22%) had a past history of violence where police were called.

> Although law enforcement officers are receiving additional training on how to identify persons with mental illness and de-escalation skills, the scarcity of mental health resources still make informal means of managing persons experiencing a mental health crisis a challenge (VPD, 2013).

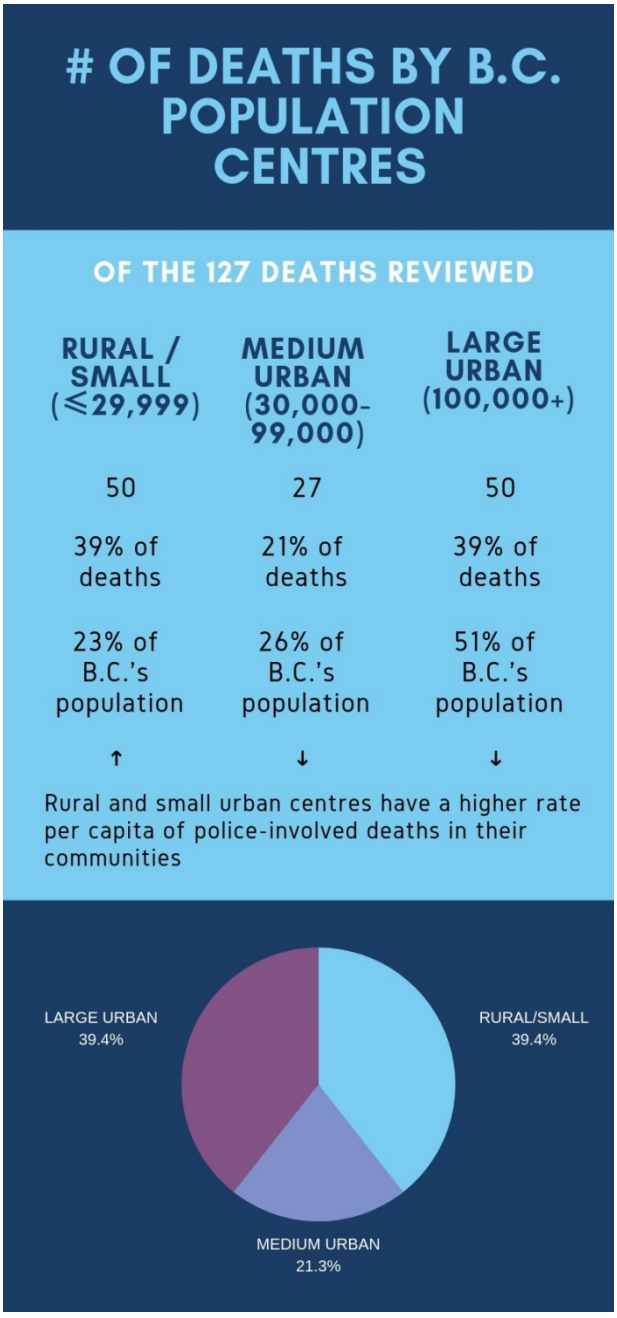
AMONG THE 127 DEATHS REVIEWED:

- 50% of the decedents were known to police
- 22% had a past history of violence known to police

Geographic Area/Population Centres

The review found that large urban centres and rural/small centres each had 39% of the deaths, whereas medium size urban centres had 21% of deaths (see Table 3 below). There are a disproportionate number of deaths occurring in rural/small centres based on population distribution.

Table 3:



In rural and remote communities in Canada, it is common for police to be the first line of contact for the population to access services. Inadequate services in these communities may result in an increased use of police resources to provide de facto mental health care (Vaughn, 2017).

The following vignette provides an actual but anonymized example of a death reviewed that is representative of many of the circumstances found in this review and which form the basis of this report's recommendations. To protect their identity, the names of the decedents have been changed.

Sam had a history of alcohol and substance misuse for which he had previously sought treatment. On the day prior to his death Sam called police to his home because he feared for his own safety. Sam was concerned that people were going to beat him up over something that they believed he had done. There was no evidence that any of the people Sam was concerned about had ever been there. During the time of police contact Sam was sweating profusely, fidgeting and confused. He was transported to a hospital for emergency care and police relinquished custody to hospital staff. Sam's heart and blood pressure were monitored by hospital staff and once these stabilized Sam was discharged. Shortly after Sam's release from the hospital, Sam was arrested for causing a public disturbance at a convenience store. Sam was noted as being intoxicated, he stated had been drinking heavily, and was taken to police cells where Sam remained until he was sober.

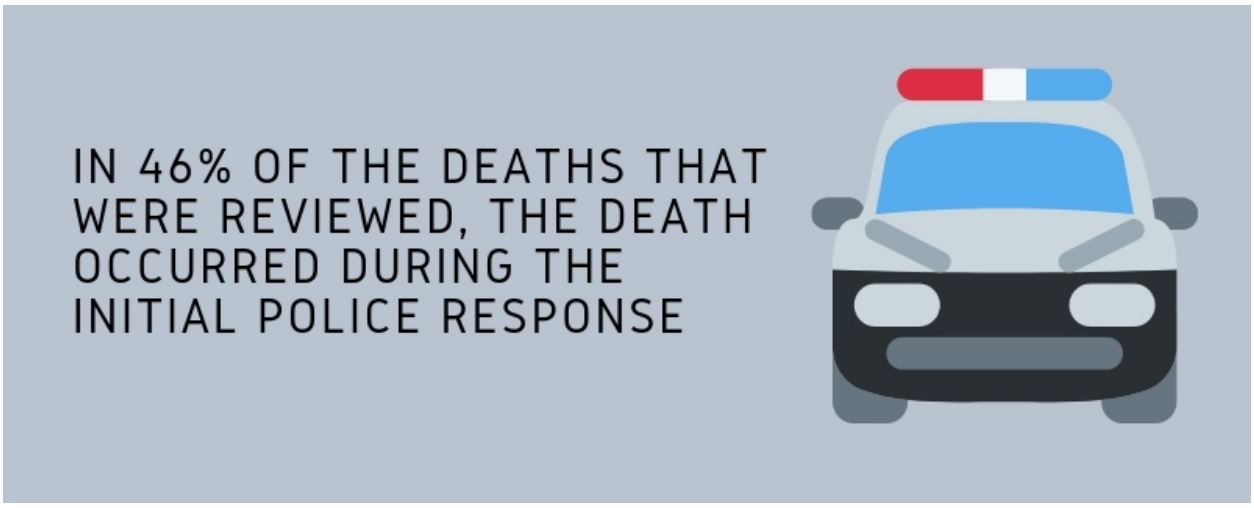
During his time in cells Sam did not exhibit any mental health concerns. Upon his release, Sam expressed concerns to police that people were outside and waiting to do him harm. An officer checked the area and assured Sam that there was no one outside the police detachment. Sam left the police department, walked a short distance to a nearby store, took a box-cutter knife from a display shelf and used it to cut his own throat. Sam's wounds were extensive and emergency services were unable to save him. He died in hospital.

PART 2: ENCOUNTER CONTEXT

Encounter Period for When Deaths Occurred

The key time frames of when deaths occurred were:

- 46% (n=58) of deaths occurred during the police initial response;
- 19% (n=24) of deaths occurred while the individual was **detained by or in police custody**; and,
- 35% (n=45) of deaths occurred within 24 hours after the **police encounter**



Analysis of the coroners' investigations into the deaths that are the subject of this review found that 80% of decedents had contact with RCMP, 17% of decedents had contact with municipal police, and 3% had contact with transit police. In B.C., the RCMP provides service to 72% of the population and municipal police provide service to 28% of the population (Statistics Canada, 2016). Transit police provides policing for the transit system in the Metro Vancouver area.

Reasons for Police and Decedent Encounter

In this review the reasons for police encounters with the decedents were related to:

- Disturbances (53%) (e.g. distraught person, domestic dispute, public intoxication, or person with a weapon);
- Physical assault, physical/verbal threats, or person being robbed (20%);
- Traffic related issues (20%) (e.g. driving under the influence, excessive speed); and,
- Property crimes (2%) or police surveillance to serve an arrest warrant (5%).

More calls to police for assistance were made by general public (44%), than family or friends (30%), or by the decedent (6%). Traffic stops (20%) accounted for the remainder of calls.

The following vignette provides an actual but anonymized example of a death reviewed that is representative of many of the circumstances found in this review and which form the basis of this report's recommendations. To protect their identity, the names of the decedents have been changed.

James and his roommate were drinking at a local pub to celebrate James' new job. A condition of his new job was a clean driving record and submitting to drug and alcohol tests. James was described as being heavily intoxicated when he and his roommate returned home. A few hours later James left the house and was stopped by police while driving his roommate's truck. James received a 24 hour driving prohibition and Promise to Appear for impaired driving. He was driven home by police. James did not indicate to police that he was upset and there were no concerns for his well-being observed by police. In the morning, James was found deceased in his room by his roommate. His manner of death was suicide.

Circumstances of Death

In this review:

- 56 deaths were suicides;
- 24 deaths were due to accidental drug and/or alcohol toxicity;
- 21 deaths were attributed to police use of force;
- 16 deaths were accidental causes (e.g., motor vehicle crashes, drownings); and,
- Among the remaining deaths, three were the result of injuries caused by other civilians, and seven deaths were due to natural disease.

Encounter Themes

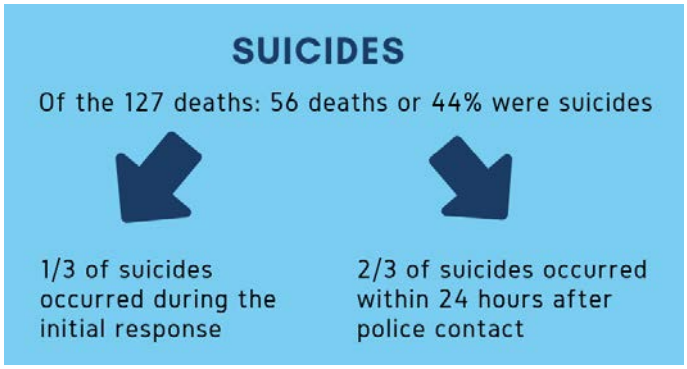
This review identified three primary themes among the deaths of persons having police encounters. These are:

- A high proportion of encounters among decedents experiencing mental health crisis;
- A high proportion of decedents with chronic health conditions and/or substance issues and ability for officers to assess and manage chronic health of those detained by or in the custody of police; and,
- Deaths resulting from use of force.

> Police interactions with people who have a mental health disorder can be among the most unpredictable and dangerous situations to which officers must respond, and can be equally, if not more dangerous for the person with the disorder (Boyce et al., 2015, p.4).

MENTAL HEALTH ISSUES (N=59)

Suicides (n=56)



In this review, 44% of all deaths were suicides. More than one-third (37%, n=21) of the suicide deaths occurred during the police initial response. Contact with police was related to emergency calls about someone who was either self-harming, threatening self-harm or engaged in a domestic dispute or where family had concerns about the person's wellbeing. During the initial response, officers attempted to de-escalate the situation or negotiate a resolution. In five of the suicides, police used force (Conductive Energy Weapon (CEW) or firearm) in an attempt to stop the individual from harming themselves or others prior to the suicide.

Almost two thirds (61%, n=34) of suicides occurred within 24 hours after police contact. The reasons for a decedent's earlier police encounter included:

- Public intoxication or traffic issues where the decedent had been cautioned, ticketed, given a driving suspension, or had a vehicle impounded;
- Police investigation of a sexual crime or child pornography; or,
- Exhibiting mental health behaviours; assessed, but not apprehended under the *Mental Health Act* (see section below).

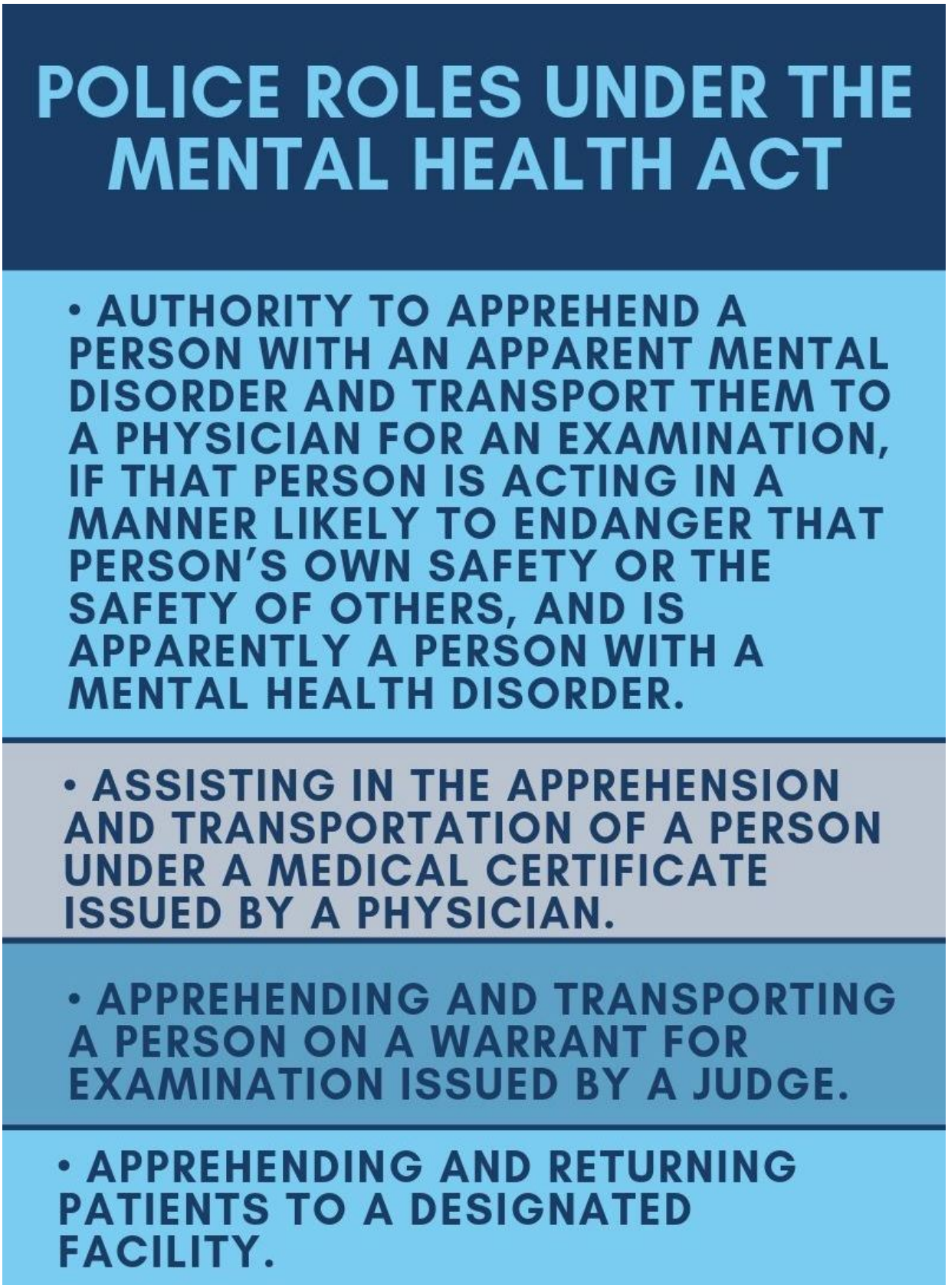
Investigative notes indicated that among those with driving charges, there were no overt signs of distress at the time of police contact. However, investigation revealed that other life stressors were present (e.g. family conflict, unemployment or job loss, relationship issues, and/or recent deaths of family members).

There was one person who had been arrested and found deceased on arrival at the police station. The person died by suicide during transport in a police wagon.

Among the 56 suicide deaths:

- More deaths occurred in rural and small centres compared with medium or large urban centres;
- 14% of decedents were Indigenous;
- Few had a prior history of *Mental Health Act* admission (16%);
- Few were known to police (16%); and,
- Half of decedents (50%) had prior contact with health care providers or the health care systems for mental health issues.

This review identified the need for integrated and collaborative approaches between police agencies, health and social services to better meet the needs of people with mental health substance issues throughout B.C.


POLICE ROLES UNDER THE MENTAL HEALTH ACT
• AUTHORITY TO APPREHEND A PERSON WITH AN APPARENT MENTAL DISORDER AND TRANSPORT THEM TO A PHYSICIAN FOR AN EXAMINATION, IF THAT PERSON IS ACTING IN A MANNER LIKELY TO ENDANGER THAT PERSON'S OWN SAFETY OR THE SAFETY OF OTHERS, AND IS APPARENTLY A PERSON WITH A MENTAL HEALTH DISORDER.
• ASSISTING IN THE APPREHENSION AND TRANSPORTATION OF A PERSON UNDER A MEDICAL CERTIFICATE ISSUED BY A PHYSICIAN.
• APPREHENDING AND TRANSPORTING A PERSON ON A WARRANT FOR EXAMINATION ISSUED BY A JUDGE.
• APPREHENDING AND RETURNING PATIENTS TO A DESIGNATED FACILITY.

Mental Health Concerns & the *Mental Health Act*

This review found that there were 10 decedents whose deaths were attributed to accidental causes or suicide and who were reported to be exhibiting concerning behaviours or displaying symptoms of a mental health condition for which police were called. None were taken into custody under the *Mental Health Act* and at the time of police contact only two persons were assessed by emergency health services.

An earlier report by the Vancouver Police Department (2008) cited the following reasons that police were reluctant to use the *MHA*:

- Long wait times in hospital emergency wards;
- Patients initially admitted then quickly discharged;
- Admission denied because the person committed a crime; and,
- Belief the person would likely be deemed not meeting the committal criteria.

In B.C., the Mental Health Act contains provisions for police to apprehend and immediately take a person to a physician for examination in situations when a person attempts suicide, or is about to attempt suicide, or when a person meets the criteria for apprehension under Section 28 of the Act.

A more recent scan by provincial RCMP (2017) identified similar challenges. RCMP officers reported the following barriers to accessing the mental health system:

- In B.C., only 14 of the 59 RCMP detachments surveyed have a designated hospital within their community. Travel times may range from one to five hours one-way and may require more than one member in attendance;
- Long wait times in hospital emergency wards; the average estimated time being almost five hours per apprehension under the *MHA*;
- Health care providers refusing to assess a person under the *MHA* if the person is intoxicated or under the influence of substances;
- Quick release of *MHA* apprehensions by hospital staff; and,
- Lack of communication between health care and police officers for collaborative care management.

A person can only be admitted as an involuntary patient under the MHA to facilities designated by the Minister of Health. "There is no legal authority for a hospital or any other health care facility that has not been designated as a provincial mental health facility or a psychiatric unit or observation unit to hold or admit a person for whom a Medical Certificate has been completed." (Government of BC)

INJURIES & MEDICAL EVENTS: (N=36)

Unintentional Poisonings (Alcohol or Illicit Substances Overdoses) (n = 24)

In B.C., deaths from illicit overdose remain an ongoing issue, with approximately four illicit overdose deaths occurring each day in 2018 (BCCS, September 2018). In this review, unintentional poisoning (n=24) either by alcohol or illicit substances accounted for 19% of the deaths. Of these deaths:

- 13 overdose deaths occurred at the scene; the person collapsed while in custody or during the initial response;
    - Police used a conductive energy device (CEW) during the arrest of two persons who were combative and exhibiting delusional behaviours (e.g. psychosis).
- Four overdose deaths occurred in police cells; persons were found unresponsive or deceased during cell checks; and,
- Seven overdose deaths occurred within 24 hours after police contact. The person had been cautioned but not apprehended for intoxication, or the person was released from police cells following detainment for intoxication or drug trafficking.

This review identified that police cells may not be the most suitable location for holding persons arrested for public intoxication and/or in mental health crisis. Sobering centres or urgent primary care centres staffed with health care professional may be better suited to provide health care needs.

Natural disease (n=6)

Often persons involved with police have complex health care needs.

In this review, almost half (46%) of all decedents had chronic health conditions (e.g. cardiovascular disease, respiratory conditions, cirrhosis or liver related diseases). These types of chronic conditions resulted in deaths of four persons who died while in police custody or supervision. There were two persons who died of natural causes; police received a 9-1-1 call but did not locate the caller.

Deaths from Accidental Injuries (n=3)

This review identified three persons who died from injuries (motor vehicle incident, exposure and fall). Two persons were being transported by police to obtain emergency health services (EHS). Both persons were in remote areas with no accessible EHS transport. One person died in hospital from complications related to a fall. The person had been transported home by police following complaints of public intoxication.

Deaths from Injuries by Others (n=3)

Three persons died during events where they sustained injuries caused by other civilians. These were situations where civilians physically restrained a person who was aggressive or endangering others, or where there was a physical altercation with other persons. Police involvement was related to placing the decedent in custody while securing the scene, with the individual becoming unresponsive because of earlier injuries.

Deaths While Fleeing from Police (n=11)

During the period of this review, 11 persons died fleeing from arrest or failing to stop for police (e.g. motor vehicle crash, drowning related, fall from height). Mental health was not identified as a factor among those failing to stop for police.

DEATHS ATTRIBUTABLE TO POLICE USE OF FORCE (N=21)

This review identified 30 persons who died in circumstances where police use of force occurred. Of these, 21 deaths were associated to police actions. In nine deaths (five suicides, three illicit overdose deaths, and one blunt force trauma) the use of force occurred but did not cause the death.

- Rural and small centres were overrepresented in these deaths;
- Twenty-nine percent (29%) of these deaths were among Indigenous persons; and,
- Almost all deaths attributed to police use of force occurred during the initial response. One death occurred while the decedent was in police custody.

Among the 21 deaths attributed to police use of force:

- More than half (52%) were calls related to disturbance issues and one-third (33%) were for calls related to physical assaults or physical/verbal threats. There were two deaths where the decedent was under police surveillance to enforce an arrest warrant (9%), and one death related a traffic stop for a person who was driving under the influence and was driving into police (5%);
- Eighty-one percent (81%) of decedents had a weapon (knives (9), gun (6), wooden board (1), or vehicle (1)). There were four persons who died who had no weapon (less lethal force options were used during a physical struggle with police officers);
- More than half of decedents (57%) were known to police, and 38% of decedents were known to have a history of violence with police being called;
- Members of the public were identified as being at risk of harm at the time of police arrival at the scene in eight events, with six civilians stabbed/slashed by the suspect during three events;
- In 10 deaths, police used a firearm after less lethal force options (CEWs, OC spray, beanbag gun, etc.) were deployed;
- In eight deaths, police used only a firearm (all decedents had weapons, either guns (3) or knives(5));
- Three persons died where police used OC spray (3), hand to hand (2), or a neck hold (1) during a physical struggle with four to seven police officers;
- 14 decedents had exhibited mental health symptoms at the time of the event; and,
- 11 decedents had illicit substances (5) (methamphetamines, cocaine) and/or alcohol intoxication (9) found on post mortem toxicology testing.

In Canada, the use of force by police officers is permitted under specific circumstances, such as in self-defence or in defence of another individual or group. The types of force police may use include basic verbal and physical restraint, less-lethal force, and lethal force.

In B.C. if a police officer uses force above a certain threshold (e.g. hard physical force, baton, OC spray, CEW) or displays a weapon (e.g. firearm, beanbag gun etc.) during an encounter they must complete a Subject Behaviour Officer Response (SBOR) report documenting the circumstances of the encounter. SBORs are reviewed by police and police oversight bodies in certain cases.

> Individuals are more likely to be injured in a police encounter if they were under the influence of drugs or alcohol, either alone or in combination with a mental illness; this is possibly due to behavioural unpredictability (Morabito et al., 2017).

The Ministry of Public Safety and Solicitor General Police Services Branch receives SBOR data. Aggregated findings from SBORs have been used by some police agencies for training purposes. At the time of this report, the Ministry of Public Safety and Solicitor General was in the process of developing a system for the extraction and analysis of SBOR data, to make such data more accessible to all police agencies.

The training and decision-making pattern of the responding police officer(s) inform how civilian-police encounters are resolved.

> "Police must be able to accurately assess and interpret cues of an individual (often within a few seconds) in order to determine the correct procedure to resolve the situation."
> (Parent, 2011, p. 61)

PART 3: SPECIALIZED INVESTIGATIONS

In B.C., it is mandatory that an inquest be held for all deaths where the decedent was detained by or in the custody of a police officer at the time of death or in police cells unless the chief coroner exercises the discretion provided under Section 18 of the *Coroners Act*. Coroners' inquests are fact finding, not fault finding examinations of the circumstances of a death. Inquests are convened to: publicly report the facts relating to a death; confirm how, when, where and by what means the death arose; make recommendations that may prevent future deaths in similar circumstances; and, address community concerns about a death (Government of BC, 2018). Previous inquests (see Appendix, Table 4) have made recommendations related to:

- Provision of first aid, access to first aid equipment and health assessment training;
- Information sharing between agencies;
- Workplace environments and equipment;
- Access to mental health resources; and,
- Indigenous cultural competency and cultural safety training.

PART 4: RECOMMENDATIONS

This death review panel has developed a set of recommendations considering the BCCS investigative findings, current research and the subject matter expertise of the panel members. The recommendations arising from the death review panel were developed in a manner that was:

- Collaborative;
- Attributable to the deaths being reviewed;
- Focused on identifying opportunities for improving public safety and prevention of future deaths;
- Targeted to specific parties;
- Realistically and reasonably implementable; and,
- Measurable.

The panel identified three key areas to reduce the deaths and improve public safety:

- Improve coordination between health services and police who encounter persons experiencing a mental health crisis;
- Increase access to mental health assessment, and improve referrals to services for persons experiencing other life stressors; and,
- Utilize findings from police encounters with the public to inform ongoing police professional development.

The actions in the recommendations below are intended to align with the provincial government's commitment to a renewed relationship with Indigenous peoples.

Mental Health System of Care

Changes in social conditions, such as deinstitutionalization of mental health patients, limited availability of community-based mental health services, and use of illicit substances, have resulted in increased calls for police involvement for persons experiencing mental health crisis or displaying erratic, antisocial, or violent behaviours. Mental health related calls have a significant impact on police resources; approximately 26%[7] of RCMP and VPD encounters have a mental health component. In 2017 alone, mental health concerns were identified in more than 74,800 civilian encounters with RCMP and VPD and accounted for more than 18,000 police apprehensions[8] under the *Mental Health Act (MHA).* By virtue of their role, police officers have assumed greater responsibility as first responders to mental health crisis situations. This has resulted in police often being the initial crisis contact point to the mental health care continuum; assessing risk, intervening; triaging, transporting or referring persons to medical care or services. This role has seen police become part of the broader system responding to mental health and substance use issues, and therefore the role of police should be considered in provincial and local planning to meet the needs of this population. The availability of mental health and substance use services vary across the province and in many communities, the mental health supports and services may not be easily accessible. The panel identified the need for additional mental health resources so that persons in mental health crisis are diverted to appropriate non-police services.

The Ministry of Health and Ministry of Public Safety and Solicitor General have recently released toolkits for police agencies and health authorities to assist them in planning and working together on management and care of persons experiencing mental health and substance use.

Police leadership should be involved in provincial and regional discussions related to mental health strategic planning. There needs to be specific attention to those services in rural and small communities, and include ongoing engagement with Indigenous communities.

Recommendation #1: Incorporate the role of policing within the provincial mental health and addictions strategy, specifically:

- The Ministry of Mental Health and Addictions, in collaboration with the Ministry of Public Safety and Solicitor General, Ministry of Health and police leadership, will consider actions related to the role of policing within the provincial mental health and addictions strategy.
- The Ministry of Health, in collaboration with Ministry of Mental Health and Addictions, will review and implement the opportunities for systems improvement identified in the report *Interfaces Between Mental Health and Substance Use Services and Police 2018*.

[7] In 2017, VPD and RCMP data identified 74,827 encounters for mental health concerns of 289,486 encounters for a criminal code offense.
[8] Totals include *MHA* Section 28, as well as Form 21 Directors Warrants and Form 4 Involuntary Admissions.

Health and Mental Health Care Access

With deinstitutionalization of the mentally ill and limited community-based mental health services, police have assumed greater responsibility as first responders to mental health crisis situations. Often police may have limited information about an individual's health, behavior, history or treatment; information which may assist police to better understand, approach and control a situation.

If an individual is detained by police under the *MHA*, the officer must accompany the individual to a physician for examination, and an officer must transport the individual to the nearest designated mental health facility. Police report that health care providers will not complete a mental health assessment for persons who appear intoxicated or under the influence of substances. This results in police lodging persons experiencing a mental health substance use-related crisis in cells until they become sober. Police cells may not be an appropriate place for those who are impaired and experiencing mental health or chronic health issues.

In many of the suicide deaths that occurred following police contact, there were no overt signs of distress at the time of the police encounter.

In some rural hospitals, there are no designated observation units under the MHA, and in some communities, mental health or substance use supports and services may not be available making police use of the *MHA* and alternative services impractical or unavailable.

This review identified that:

- 34 persons died by suicide, within 24 hours after police contact for traffic related issues or investigations related to a sexual complaint or child pornography.
- 15 persons with a history of chronic substance or alcohol misuse died of an overdose in police cells or within 24 hours after police contact. Overdose deaths occurred soon after release from police cells following detainment for intoxication or drug related activities.
- Ten persons with police contact about concerning or erratic behaviour and who were not apprehended under the *MHA* later died of accidental causes or suicide.

Recommendation #2: Support and optimize policing mental health assessment and police referral to services, specifically:

- The Ministry of Health, in collaboration with stakeholders, will expand access to emergency mental health assessments under the *Mental Health Act* in rural areas.
- Police officers will distribute cards or information about crisis resources at the time of release of persons from custody.

Using Data for Curriculum Development

All police officers in B.C. are required to take Crisis Intervention and De-escalation (CID) training that provides skills and techniques to de-escalate crises using verbal and non-verbal communication. In B.C. and in Canada, the National Use of Force Framework is the process an officer uses to assess, plan, and respond to situations that threaten public and officer safety.

This review identified:

- 30 persons who died in circumstances where police use of force occurred, of these, 21 deaths were attributed to police actions;
- 23 persons had weapons and were described as non-compliant and aggressive, of these, 7 persons had stabbed/slashed, hit or fired a weapon at civilians or police; and,
- 21 persons who died in circumstances where police use of force occurred were exhibiting mental health symptoms at the time of the event, of these 2 persons were self-harming.

In B.C., if a police officer uses force above a certain threshold (e.g. hard physical force, baton, OC spray, CEW) or displays a weapon (e.g. firearm, beanbag gun etc.) during an encounter they must complete a Subject Behaviour Officer Response (SBOR) report documenting the circumstances of the encounter. This review found that the SBOR contains important data about the factors, situational details and conditions that resulted in the application of use of force.

The panel heard from subject matter experts on the importance of using the findings from SBOR data to inform the development of training curriculum. SBOR reporting should be standardized so that data is comparable and so that trends can be analyzed and applied to current police practices.

Local aggregated findings from SBORs have been used by some police agencies for training purposes.

At the time of this report, the Ministry of Public Safety and Solicitor General was in the process of developing a system for the extraction and analysis of SBOR data, to make such data more accessible to all police agencies.

Recommendation #3: Utilize Subject Behaviour Officer Response (SBOR) data in the development of training curriculum, specifically:

- The Ministry of Public Safety and Solicitor General will develop a BC Provincial Policing Standard (BCPPS) with regard to use of force reporting and data collection, to establish provincially consistent requirements and a monitoring process.
- The Ministry of Public Safety and Solicitor General will assist police agencies to utilize provincial and local SBOR data to ensure training curriculum development remains current and inclusive of evolving mental health issues.

APPENDIX A: DATA LIMITATIONS AND CONFIDENTIALITY

The BCCS operates in a live database environment. The preliminary data presented within this review is based on open and closed BCCS investigations. It includes analysis of BCCS investigative notes, autopsy results, toxicology results, medical records and other documents collected or protocols completed during the course of a coroner's investigation. Some of the deaths were in the early stage of investigation and, therefore, the information was incomplete.

In determining which deaths to review, a search of the BCCS database was performed using keywords to identify deaths among persons with police contact. This search may have missed some deaths among persons who had contact with police within 24 hours prior to their death.

This review includes qualitative and quantitative findings in an attempt to provide a picture of deaths in B.C. Percentages are used to show relative proportions and may not be precise.

For this review, police services denominator data for civilian encounters, apprehensions under the *Mental Health Act*, and encounters for general occurrences were based on Vancouver Police Department (VPD) and Royal Canadian Mounted Police (RCMP) BC data sets for 2013-2017. These counts will be an under representation for the province as it does not include denominator data from other municipal forces. In B.C., the RCMP and VPD provide policing services to 86% of the population (72% and 14% respectively). There are 12 municipalities in B.C. policed by 11 independent police departments (Nelson, Abbotsford, Delta, Port Moody, New Westminster, West Vancouver, Vancouver, Oak Bay, Saanich, Central Saanich, Victoria / Esquimalt). Time restrictions and ease of access did not permit BCCS to request police services civilian encounter denominator data from each of the municipal forces.

APPENDIX B: DATA TABLES

During this review (2013-2016), 17 coroners' inquests have been held for persons who died in police custody or in circumstances where police use of force occurred. Jury recommendations focused on:

- Police provision of first aid prior to EHS arrival, first aid equipment and training;
- Monitoring and assessment of health and medical conditions for persons in custody including training to identify those in medical distress;
- Use of CEWs and/or methods of less lethal force during mental health apprehensions;
- Expansion of mental health care, and police accessibility to mental health professionals;
- De-escalation training during mental health related calls;
- Scene containment strategies for calls posing threats to public and police safety;
- Communication between dispatch and first responders;
- Need for improved information sharing between agencies regarding persons experiencing a mental health crisis; and,
- Cultural competency and cultural safety training.

Table 4: Inquest Recommendations

Topic	Inquest Recommendation Themes	Inquest Recommendation Description
First Aid and Health Assessments for persons in custody	First Aid Training	Includes Certification, review of training materials and/or compliance with certification requirements
	First Aid Equipment	Accessible, standardized
	First Aid Provision	Includes administration of Naloxone, or provision of first aid prior to emergency responder arrival.
	Assessment knowledge	Includes training to identify medical distress
Information Sharing	Dispatch	Information provided to responders
	Forms, Logs and Data collection	Includes form completion, data standards, documentation
	Interagency communication	MOUs, data transfer between agencies/ministries
Workplace Conditions/Environment	Equipment/Tools	Includes lighting, surveillance cameras, body cameras, CCTV, AEDs
	Equipment Training	Knowledge of communication devises
	Staffing	Staffing resources
	CEW Use	Processes related to CEW use
Mental Health Resources	Mental Health Car	
	Mental Health Staff available	
	Mental Health Strategy	Includes processes for de-escalation
Cultural competency and Cultural safety	Cultural competency and safety Training	

APPENDIX C: POLICING IN B.C.

The Government of BC website offers the following information about police services:

- The RCMP E-Division delivers provincial policing services in B.C., with responsibilities for detachment policing (for municipalities with populations fewer than 5000 and unincorporated areas) and provincial police infrastructure (e.g. border integrity, national security, drugs and organized crime, financial crime and international policing).
- There are 63 municipalities in B.C. that contract with the province for RCMP municipal police services.
- There are currently 12 municipalities in B.C. policed by 11 independent municipal police departments.
- The province provides policing services in First Nations communities in rural areas or in First Nations communities in municipalities with populations up to 5,000. Municipalities with populations greater than 5,000 provide policing to First Nations located in their boundaries.
    - In B.C., the Stl'atl'imx Tribal Police Service is the only First Nations administered police force. It is similar to an independent municipal police department.
    - The First Nations Community Policing Services (FNCPS) program provides many First Nations communities across the province with police services. This enhanced local police service is provided by RCMP members who are familiar with First Nations' cultures and traditions.
- The Transit Police provides policing for the transit system in Metro Vancouver and has the same powers as other municipal police officers.

The Independent Investigations Office (IIO), established in September 2012, is a civilian-led investigatory body formed in response to recommendations arising out of public inquiries which highlighted the need for increased public confidence in police oversight, accountability and transparency in B.C. policing (Government of BC, 2018). The IIO conducts investigations into all officer-related incidents that result in death or "serious harm" as defined in Part 11 of the *Police Act*.

The Office of the Police Complaints Commissioner (OPCC) is an independent office of the legislature. The OPCC is the province's independent civilian oversight agency where the public can express concerns about the conduct of any municipal police officer or department.

The federal Civilian Review and Complaints Commission receive and reviews public complaints about the on-duty conduct of members of the RCMP.

APPENDIX D: GLOSSARY

BCCS Classification of Death

- **Natural death**: resulting from a disease of the body and not resulting secondarily from injuries or abnormal environmental factors.
- **Accidental death**: an unintentional or unexpected injury. It includes death resulting from complications reasonably attributed to the accident (e.g. overdose, exposure, motor vehicle crashes, or drowning etc.).
- **Suicide:** self-inflicted injury, with intent to cause death.
- **Homicide:** injury intentionally inflicted by action of another person. Homicide is a neutral term that does not imply fault or blame.
- **Undetermined:** where after a full investigation there is no evidence for any specific classification or there is equal evidence, among two or more classifications.

Deaths and police contact: means any death during or after a police encounter for the following circumstances:

- Any use-of-force by police acting in an official agency capacity;
- Injury related deaths of persons while attempting to elude law enforcement;
- Self-harm events, such as suicides; and,
- Deaths while in custody due to medical distress (e.g. illness, overdose or intoxication).

Designated facility (*Mental Health Act*): refers to designated inpatient 'provincial mental health facilities', 'psychiatric units' and '**observation units'**. These are facilities where a person can only be admitted involuntarily under the MHA.

Detained by or in the custody of police: means under arrest or in handcuffs, in a police vehicle, or police cell, or detained at a scene by police officers.

Disturbance-Related Offences: include distraught person, domestic dispute, weapons calls, intoxicated persons, and suspicious circumstances.

Encounter: the number of people who had some sort of enforcement action taken against them, were given a ticket, arrested, detained by police in a given year.

Indigenous: Is most frequently used in an international or global context and is referred to by the United Nations broadly as 'peoples of long settlement and connection to specific lands who have been adversely affected by incursions by industrial economies, displacement, and settlement of their traditional territories by others'. Similarly the term can also refer to groups of peoples or ethnic groups with historical ties a territory prior to colonization or formation of a nation state.

Initial response: means the encounter time period when police arrive on scene or interact with an individual, but prior to arrest or detention.

Internalizing disorder: is one type of emotional and behavioral disorder. Behaviors that are apparent in those with internalizing disorders include depression, withdrawal, anxiety, and loneliness.

Known to Police: means the individual had a history of contact with police identified in the PRIME database. It does not mean that the individual was the subject of a police complaint or subject to a police investigation.

Municipal Police Departments: There are 12 municipalities in B.C. with municipal police departments (Abbotsford, Central Saanich, Delta, Nelson, New Westminster, Oak Bay, Port Moody, Saanich, Vancouver, Victoria/ Esquimalt and West Vancouver Police Department) (Government of BC, 2018).

Observational Units: are short stay units in small hospitals, where the person is stabilized within a few days and, if continuing inpatient treatment is necessary, transferred to a provincial mental health facility or a psychiatric unit within 5 days after a second medical certificate is received by the director of the observational unit.

Person-Related Offences: include robbery, assault, and physical and verbal threats.

Post police contact: deaths which occurred within 24 hours of a police encounter (e.g. an individual had prior contact with police services, was not apprehended, or had been released from police custody).

Property Related Offences: include theft, B&E, and mischief.

RCMP provides **detachment policing** services to municipalities with populations fewer than 5,000 and unincorporated areas and may be contracted by larger municipalities for police services. Municipalities with populations of 5,000 and over must provide their own law enforcement either through a municipal police force or through contracted services with the RCMP.

Use of force: the use of force by law enforcement officers becomes necessary and is permitted under specific circumstances, such as in self-defence or in defence of another individual or group. The types of force police may use include basic verbal and physical restraint, less-lethal force, and lethal force.

APPENDIX E: REFERENCES AND BIBLIOGRAPHY

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